

7009 2250 0004 4950 3336

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
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Total Postage & Fees \$	
Sent To Timothy Whitters Street, Apt. No., or PO Box No. City, State, ZIP+4 CS4-SWC258(A)@1	
PS Form 3800, August 2006 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below. <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>TIMOTHY & KRIS WHITTERS 4422 SW DAWSON STREET SEATTLE, WA 98136</p> <p>WR: ba CS4-SWC258(A)@1</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label)</p> <p>7009 2250 0004 4950 3336</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	



<input type="checkbox"/> Conservation Plan	<input type="checkbox"/> Place of use information
<input checked="" type="checkbox"/> Other, explain: <i>See previous documentation on file in connection with CS4-SWC 358(A). [I can send this material again if necessary]</i>	

10. Remarks and Other Relevant Information: Please describe the purpose of your trust water right donation in detail and any other information that you believe Ecology needs in order to evaluate your donation.

Explain: *Another extension of previous amount of donation on file.*

Note: The above section may also be used to prescribe the terms of the donation into Trust as described in RCW 90.42.080(1)(b)

11. Signatures: This form must be signed by the donor, the water right holder, and the landowner of the existing place of water use, if different from the water right holder. Additionally, if the water right is within an irrigation district, this form must be signed by a representative with signature authority for the irrigation district.

I certify that the information above is true and accurate to the best of my knowledge. I hereby grant staff from the Department of Ecology access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for accuracy of the information rests with me.

<i>12/9/13</i>	<i>Timothy J. Whitters</i>	<i>T.J. Whitters</i>
Date	Printed Name	Signature
<input checked="" type="checkbox"/> Donor	<input type="checkbox"/> Authorized Representative	<input checked="" type="checkbox"/> Water Right Holder
<input checked="" type="checkbox"/> Land Owner of Existing Place of Use		

<i>12/9/13</i>	<i>KRISTOFFER T. WHITTERS</i>	<i>Kristoff T. Whitters</i>
Date	Printed Name	Signature
<input checked="" type="checkbox"/> Donor	<input type="checkbox"/> Authorized Representative	<input checked="" type="checkbox"/> Water Right Holder
<input checked="" type="checkbox"/> Land Owner of Existing Place of Use		



STATE OF WASHINGTON
DEPARTMENT OF ECOLOGY

15 W Yakima Ave, Ste 200 • Yakima, WA 98902-3452 • (509) 575-2490

December 31, 2013

Timothy and Kris Whitters
4422 SW Dawson Street
Seattle WA 98136-1134

Re: Water Right Change Application No. CS4-SWC258(A)@1

Dear Mr. & Mrs. Whitters:

We have received your trust water right application and have assigned the application number shown above. Please use this number in future communications with our office.

If you have any questions, please contact Teresa Mitchell at 509-575-2597.

Sincerely,

Mark Kemner, LHG
Section Manager
Water Resources Program

MK:hd
131232

App-trustwater.doc

FILE COPY



PARCEL_NO	prop_id	Owner_Name	Address_1	Address_2
262018553600	37029	BURLINGAME JOSHUA A & JENNIFER E ETAL	BURLINGAME KATHRYN S	10007 ENTIAT RIVER RD
262018553602	37030	SPITLER BRIAN M	1421 S DEAN ST	
262018553603	37031	WHITTERS TIMOTHY J	4422 SW DAWSON ST	
262018553605	37032	WHITTERS TIMOTHY J	4422 SW DAWSON ST	

